

CONCUSSION RETURN TO PLAY FORM

The use of this form is not required, but a written release from a physician (MD or DO) is required before any student returns to full sports participation following a concussion injury (K.S.A 72-7119).

TO BE COMPLETED BY ATHLETIC TRAINER/SCHOOL MEDICAL PERSONNEL:

Student Name: _____ School: _____

Date of Injury: _____

Referring Athletic Trainer/School Medical Personnel: _____ Phone: _____

Athletic Trainer/School Medical Personnel Notes for Healthcare Provider:

GRADUATED RETURN TO PLAY PROGRESSION

Step	Complete	Activity
1	<input type="checkbox"/>	Symptom-limited activity. Daily activity that does not exacerbate symptoms (e.g., walking)
2	<input type="checkbox"/>	Light aerobic exercise such as stationary cycling or walking at a slow to medium pace. May progress to a moderate intensity and add light resistance training provided there is no more than a mild exacerbation* of symptoms.
Date:		Supervising Medical/School Personnel:
3	<input type="checkbox"/>	Individual sport-specific exercise away from team environment. E.g., running, agility work, individual training drills. There should be no risk of head impact.
Date:		Supervising Medical/School Personnel:
Physician (MD or DO) release before progressing to steps 4-6.		
Steps 4-6 should only begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.		
4	<input type="checkbox"/>	Non-contact training drills, progressing to high intensity drill work. Can begin integrating to team environment/non-contact practice.
Date:		Supervising Medical/School Personnel:
5	<input type="checkbox"/>	Full contact practice; normal training activities.
Date:		Supervising Medical/School Personnel:
6	<input type="checkbox"/>	Return to competition

*Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10 scale for less than an hour when compared with the baseline value reported prior to physical activity.

- Step 1: May begin within 24-48 hours of injury **and before symptoms are completely resolved**., Progression through each subsequent step typically takes a minimum of 24 hours.
- Steps 1-3: If more than a mild exacerbation of symptoms occurs, the athlete should stop and attempt to exercise the next day.
- Steps 4-6: Athletes experiencing concussion-related symptoms should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.

TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER:

Date of Evaluation: _____ School/Academic Modifications: None As indicated on Return to Learn form

Sports Participation:

- | | |
|--|--|
| <input type="checkbox"/> Cleared for full participation AFTER successful completion of graduated return to play protocol under guidance of athletic trainer/school medical personnel. | <input type="checkbox"/> May participate in graduated return to play protocol under guidance of athletic trainer/school medical personnel. Must return for additional physician visit to be cleared for sports participation. |
| <input type="checkbox"/> Not cleared at this time. | <input type="checkbox"/> No concussion diagnosed. Cause for signs/symptoms:

_____ |

Additional Physician Instructions: _____

Physician Name: _____ Signature: _____ MD/DO

Address: _____ Phone: _____
